MULTIPLE DEPENDENT CLAIM 10/561,767 FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER AFTER I AKENDMENT 1 MAMENBMENT AS FILED AFTER I"ANEIDMENT IND. DEP. IND. I MAMEROMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 5 · A TOTAL IND. A TOTALES B **∳**□ TOTALBER **∳**⊓ TOTAL CLABES

U.S. DEPARTMENT of COMMERCE